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Atty. Dkt. No. 77056/318

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Michael D. Hillman et al.

Title: CORDLESS BLIND

Appl. No.: Unknown

Filing Date: Unknown

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
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UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Michael D. Hillman
Evan T. Ward
Paul B. Specht

Enclosed are:

- ☒ [X] Specification, Claims, and Abstract (45 pages).
- ☒ [X] Informal drawings (15 sheets, Figures 1-33).
- ☒ [X] Unexecuted Declaration and Power of Attorney (4 pages).
- ☐ [] Assignment of the invention.
- ☐ [] Assignment Recordation Cover Sheet.
- ☐ [] Check in the amount of \$40.00 for Assignment recordation.
- ☐ [] Small Entity statement.
- ☐ [] Information Disclosure Statement.
- ☐ [] Form PTO-1449 with copies of ___ listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	67	- 20	= 47	x \$18.00	= \$846.00
Independents:	10	- 3	= 7	x \$80.00	= \$560.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$0.00
				SUBTOTAL:	= \$2116.00
[]				Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$2116.00

- [] A check in the amount of \$2116.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

11/28/00

By

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